

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE			
TOTAL CLAIMS	106	minus 20 =	86
INDEPENDENT CLAIMS	6	minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT			

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	106	Minus	45	= 61	
Independent					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	FEE	RATE
345.00		690.00
OR		
X\$ 9=	774	X\$18=
OR		1548
X39=	117	X78=
OR		236
+130=	130	+260=
OR		260
TOTAL	1366	TOTAL
OR		2734

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X\$ 9=		ADDITIONAL FEE
OR		1098
X18=		
OR		
X78=		
OR		
+130=		+260=
OR		TOTAL ADDITIONAL FEE
TOTAL ADDITIONAL FEE		1098

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	•	Minus	**	=	
Independent					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
X\$ 9=	
X18=	
X78=	
+130=	+260=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$ 9=	
X18=	
X78=	
+130=	+260=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	•	Minus	**	=	
Independent					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
X\$ 9=	
X18=	
X78=	
+130=	+260=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$ 9=	
X18=	
X78=	
+130=	+260=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

Fee Type	Fee	Number of Forms	Fee	Fee Type	Fee
Initial Filing Fee	\$100.00			Examiner Review	\$690.00
First Claim(s) > 10	\$10.00	103	83		\$1494.00
Additional Claim(s) > 10	\$6.00	6	6.3		\$46.80
Non-Opt. Claim Priority	\$10.00				
Examiner	\$10.00				\$260.00
Express Examination	\$10.00				\$130.00

TOTAL FEE CALCULATION

Fees due upon filing and initial examination

Total Filing Fees Due = 3042

Less Filing Fees Submitted =

BALANCE DUE = 3042

WJ

Office of Initial Patent Examination